

# 4 CLIENT SERVICES

## A. General Description

### 1. Covered Services

All eligible women enrolled in the Montana Breast and Cervical Health Program (MBCHP) shall receive the following comprehensive screening services for breast and cervical cancer, annually or as indicated:

- clinical breast exam
- verbal and/or written instruction on how to do a breast self-exam
- bimanual pelvic examination
- Pap test, if indicated
- referral for a screening or diagnostic mammogram
- diagnostic services including biopsy
- referral to the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) if necessary

See Appendix H for a complete list of screening and diagnostic procedures and reimbursement rates.

Please note that MBCHP funds may not be used for treatment services.

### 2. Enrollment and Screening Steps

- a. Determine whether a woman is eligible for services, either by telephone or an in-person interview. ♦❖
- b. Complete MBCHP enrollment forms, paying particular attention to the following: ♦❖
  - Ensure that each client answers the enrollment question about whether she has ever had a Pap test and the date of the last Pap test.<sup>1</sup> ♦❖
  - Ensure that each client signs an “Informed Consent and Authorization to Disclose Health Care Information.” This form must be signed before any services can be provided. ♦❖
- c. Determine which screening services a client needs. ♦❖
- d. Perform appropriate screening and refer the client for diagnostic tests in accordance with the algorithms approved by the MBCHP (see Appendix F). Diagnostic tests will be eligible for MBCHP reimbursement only if recommended and referred by an enrolled medical service provider. ❖

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<sup>1</sup> Data on prior Pap tests is needed in order to meet the MBCHP goal to increase cervical screening for MBCHP-eligible women who have never been screened or have not been screened within the past 5 years.

- e. Notify all clients of all test results. ❖
- f. If results are abnormal, conduct appropriate tracking and follow-up (see Part D, “Tracking and Follow-up” later in this chapter). ♦❖
- g. Send rescreening reminders to all clients. ♦❖

### 3. Reimbursement □

The MBCHP will reimburse enrolled medical service providers for the cost of performing the covered services, provided these have been conducted in accordance with the algorithms approved by the MBCHP (see Appendix F). Clients are responsible for paying for any other services or tests.

Please note that the MBCHP is the payer of last resort. The MBCHP will provide reimbursement for covered services only if no other source of payment is available to the client. Other available sources of payment include:

- private insurance (whole or partial payment)
- Medicare<sup>2</sup>
- Medicaid<sup>3</sup>
- Title X Family Planning
- other local private or public funded programs

This means that reimbursement for screening services provided to women enrolled in Medicare Part B should be paid by Medicare, not by the MBCHP. Similarly, reimbursement for services provided to women eligible for Medicaid—including Aid to Families with Dependent Children—will be paid by Montana’s Medicaid program, not by the MBCHP.

Medicare Part B is an optional program that charges a monthly premium for enrollment. A woman who cannot pay the premium to enroll in Medicare Part B and meets the MBCHP income eligibility criteria is eligible to receive MBCHP services.

## B. Eligibility

### 1. General Criteria

As set forth in Public Law 101-354 (see Appendix C), the MBCHP will provide screening services to women who meet all of the following criteria:

- are 50 through 64 years of age for breast cancer screening and 35 through 64 for cervical cancer screening
- are uninsured or underinsured
- have a family gross income at or below 200 percent of the current Federal Poverty Level (FPL) scale (see Appendix D)<sup>4</sup>

<sup>2</sup> If a woman is eligible to receive Medicare benefits but is not yet enrolled in Medicare, please encourage her to enroll. General information about Medicare can be found at <http://www.medicare.gov>.

<sup>3</sup> For more information about Montana’s Medicaid program, call 406-444-5900. General information on Medicaid can be found at <http://www.hcfa.gov/medicaid>.

<sup>4</sup> The Federal Poverty Level scale is updated each year.

Clients who are enrolled and determined to be eligible for diagnostic services only must have the screening test results reported to the MBCHP on the data collection forms.

Priority for diagnostic services is given to clients screened in the MBCHP who have abnormal screening results, as opposed to those women screened in other programs or by their primary care physician and referred to the MBCHP for diagnostic services.

Clients must provide the information needed to determine eligibility on the MBCHP “Eligibility and Enrollment” form (see Appendix Q). If a woman is ineligible for MBCHP services, she should be referred to other community agencies that may be able to assist her.

Only women diagnosed through the MBCHP with cancer or a pre-cancerous condition may apply for the MBCCTP.

If a client misrepresents her eligibility, the MBCHP will deny reimbursement for screening services and refer the client to the health or social service agency that may be able to assist her.

## **2. Exception to the Age Criteria for Eligibility**

**a.** Presuming a woman is otherwise MBCHP eligible; the following criteria for age will be used to determine eligibility for cervical cancer screening and diagnostic funds:

- Women ages 35-64, and ages 65 and older that do not have Medicare part B, are MBCHP eligible for cervical cancer screening services.
- Women ages 18-34 are pre-approved for eligibility for cervical cancer screening if they have:
  - a Pap test result of High Grade SIL or more severe
  - a diagnostic colposcopy result of CIN II, CIN III or invasive cervical cancer
  - a documented history of a previous biopsy diagnosis of cervical cancer, or a pre-cancerous condition and/or treatment for these conditions.

**b.** Presuming a woman is otherwise MBCHP eligible; the following criteria for age will be used to determine eligibility for breast cancer screening and diagnostic funds:

- Women ages 50 through 64, and ages 65 and older that do not have Medicare part B, are MBCHP eligible for breast cancer screening services.
- Women ages 40 through 50 will be determined MBCHP eligible for breast cancer screening services based on an allocated percentage of available funds.
- Women ages 39 and younger **MUST** be pre-approved for eligibility and **MUST** be referred by a surgeon or consulting breast specialist. The criteria that will be

considered to determine MBCHP eligibility for this age category will include but may or may not be limited to one of the following:

- A mammogram result of BI-RAD category “4” or “5”
- A clinical breast exam (CBE) after consultation with a surgeon or consulting breast specialist that is suspicious for breast cancer, in concert with other clinical findings that are suspicious for breast cancer, for example abnormal ultrasound, abnormal mammogram, abnormal cytology/pathology from a needle core exam.
- A family history of pre-menopausal breast cancer in concert with other clinical findings determined to be suspicious for breast cancer, for example breast mass, abnormal ultrasound, abnormal mammogram.
- A documented history of a previous biopsy diagnosis of breast cancer.

### **3. Additional Eligibility Guidelines for Women Who Have Had a Hysterectomy**

The MBCHP anticipates that some women who meet the eligibility criteria described above will have had a hysterectomy. In these cases, the MBCHP will reimburse enrolled medical service providers for initially determining whether a client requires continued cervical screening services. If a woman is recommended for continued cervical screening, the MBCHP will employ the following guidelines:

- a. The MBCHP will pay for Pap test screening for clients who have had a hysterectomy and still have a cervix. (A small percentage of women with hysterectomies have had a supracervical hysterectomy, which leaves the cervix intact.)
- b. The MBCHP will not pay for Pap test screening on clients whose hysterectomy included removal of the cervix, unless the client had a hysterectomy due to cervical neoplasia. (A small percentage of women have had hysterectomies for cervical neoplasia and have no cervix.)

## **C. Reporting Systems**

### **1. Breast Screening and Diagnostic Tests**

Use the following when reporting on services provided to MBCHP clients:

- a. Breast screenings ❖
  - “Breast Screening Results” form (see Appendix Q)
  - “Abnormal Breast Screening Results” form (see Appendix Q)
- b. Mammography test results ❖
  - Breast Imaging Reporting and Data System—BI-RADS, 2nd edition (see Appendix G-1)
- c. Breast cancer staging ❖
  - American Joint Committee on Cancer Staging: Staging for Breast Carcinoma, 3rd edition (see Appendix G-2)

### **2. Cervical Screening and Diagnostic Tests**

Use the following when reporting on services provided to MBCHP clients:

- a. Cervical screenings ❖

- “Cervical Screening Results” form (see Appendix Q)
- “Abnormal Cervical Screening Results” form (see Appendix Q)
- b. Pap test results ❖
  - Bethesda System (see Appendix G-4)
- c. Cervical cancer staging ❖
  - Staging of Carcinoma of the Uterine Cervix (see Appendix G-6)

## **D. Tracking and Follow-up**

### **1. General Requirements**

The administrative sites, and enrolled medical service providers share equal responsibility for tracking and follow-up to ensure that all clients complete the required diagnostic exams as scheduled. Administrative site staff should discuss with enrolled medical service providers the procedures to be used and the role the site will play in the process.

- a. Implement a referral, tracking, and follow-up system that covers—and documents—a client’s initial screening through diagnosis and, if necessary, to initiation of treatment. ◆❖
- b. Use a tracking and follow-up system to ensure that all clients complete the required diagnostic exams as scheduled and within the required timeframes. ◆❖
- c. At the first office visit, discuss with the client the procedures for notification of results. ❖
- d. Report all test results to all clients within 10 working days of receiving results. ❖
- e. Notify a client of test results either by telephone, office visit, or mail. Do not use any means of communication that cannot ensure confidentiality. Do not send test results to the client by postcard or fax, and do not leave results on an answering machine. ❖
- f. If a client has an abnormal test result (suspicious for cancer or a pre-cancerous condition), follow the procedures for case management (see Chapter 7). ◆❖
- g. Document all attempts to contact a client in the client’s record.<sup>5</sup> ◆❖
- h. Fax completed data collection forms<sup>6</sup> to the MBCHP state office. ◆
- i. Submit an itemized bill to Montana Medical Billing (see Appendix I). This is required in order to receive reimbursement from the MBCHP. ❖

<sup>5</sup> In this manual, the term “client record” refers to the MBCHP data collection forms and other supporting documentation. The term “medical file” refers to records kept in the enrolled medical service provider’s office.

<sup>6</sup> See Appendix B for a definition of data collection forms.

## **2. Additional Requirements for Normal Results**

In addition to the above general requirements, tracking and follow-up requirements for normal screening and diagnostic results include:

- a. Notify the client when rescreening is needed. Normal annual rescreening will occur based on MBCHP guidelines and enrolled medical service provider recommendations. ◆❖

## **3. Additional Requirements for Abnormal Results**

In addition to the above general requirements, tracking and follow-up requirements for abnormal screening and diagnostic results include:

- a. Contact the client to discuss the type of follow-up needed, or schedule an appointment, and inform the client: ❖◆
  - of the nature of the suspected disease
  - of the need for further testing or follow-up care
  - that the administrative site case manager will contact and evaluate the client's needs with regard to obtaining follow-up care
  - of the choices (if available) of referrals for definitive diagnostic procedures after screening procedures have been performed
  - of her responsibility to obtain follow-up care
- b. Contact the administrative site case manager for follow-up with the client and establish need for case management. ❖◆
- c. Indicate on the MBCHP screening form that a workup is planned and complete the abnormal screening form. ◆❖
- d. Supply any other information requested by the MBCHP state office on clients with abnormal test results. □◆❖

The administrative sites will ensure that the client has been notified about abnormal results. Contact with the client's enrolled medical service provider will be documented in the client's record. ◆❖

## **4. Additional Requirements for Cervical Screening**

In addition to the above requirements for normal and abnormal results, requirements for cervical screening include:

- a. Provide Pap tests on an annual basis until a client has received three consecutive normal results within a 5-year (60-month) period. The MBCHP will provide reimbursement for Pap tests provided according to these guidelines. □◆❖
- b. After a client has had three consecutive normal Pap test results within a 5-year (60-month) period, provide subsequent Pap tests every 3 years. The MBCHP will provide reimbursement for these subsequent Pap tests. □◆❖

- c. If a client receives an abnormal screening result at any time, follow the MBCHP policies related to the follow-up of abnormal Pap tests and reimbursement of diagnostic procedures (see Chapter 6, Part B-3, “Procedures for Informing Clients of Test Results”). Once the client has received the recommended follow-up services, the MBCHP will provide reimbursement for additional annual Pap tests until three consecutive Pap tests within a 5-year (60-month) period yield normal results. □◆❖
- d. At physician discretion, provide annual Pap tests for any client who is at increased risk for pre-invasive lesions of the cervix, including but not limited to those who: ◆❖
  - are infected with human papilloma virus (HPV)
  - are infected with human immunodeficiency virus (HIV)
  - smoke cigarettes
  - have multiple sexual partners (which increases the likelihood of exposure to HPV and HIV)
- e. MBCHP will provide reimbursement for liquid-based cytology for primary cervical cancer screening, up to the allowable Medicare rate (effective July, 2007). The screening interval when using liquid-based tests is every two years.

## 5. Time Standards for Tracking and Follow-up

The MBCHP will monitor screening data for adherence to the following standards of timeliness for tracking and follow-up. These standards are also used by the Centers for Disease Control and Prevention to evaluate overall program effectiveness: □❖

- a. Abnormal screening Pap test result ❖
  - presentation for screening test to date of final diagnosis < 60 calendar days
  - date of final diagnosis to date treatment initiated < 60 calendar days
- b. Abnormal screening mammogram and/or clinical breast exam test result ❖
  - presentation for screening test to date of final diagnosis < 60 calendar days
  - date of final diagnosis to date treatment initiated < 60 calendar days

## 6. Re-screening

Administrative sites and enrolled medical service providers must implement a system for notifying clients who are due for yearly or short-term follow-up rescreenings. The system should include the following activities:

- Identify, on a monthly basis, which clients are due for rescreening. ◆❖
- Send reminders to clients regarding the need to schedule a rescreening 4 to 6 weeks prior to the screening due date. ◆❖
- Upon rescreening, update the client’s record to verify her eligibility and obtain her signature on the “Informed Consent and Authorization to Disclose Health Care Information” form (see Appendix Q). ◆❖
- If rescreening does not occur, document in the client’s record the reason why. ◆❖

## 7. Clients “Lost to Follow-up”

Before considering a client “lost to follow-up” the administrative site and/or contract partner site must:

- a. Make three attempts to contact a client. The first two attempts may be by phone or writing. ♦
- b. The third or final attempt must be a letter sent by certified mail with a return receipt requested. ♦
- c. Complete all attempts to contact a client within 6 weeks of receiving notice of abnormal results. ♦
- d. Indicate on the MBCHP data collection forms “lost to follow up” under “Status of Final Diagnosis” when a client does not respond to contact attempts regarding the need for further diagnostic tests, or when a client dies or moves before workup is started. ♦
- e. Indicate on the MBCHP data collection forms “lost to follow up” under “Status of Treatment” when a client does not respond to contact attempts regarding the need for treatment or when a client dies or moves before treatment is initiated. ♦

## 8. Client Refusal of Follow-up Tests or Treatment

If a client with an abnormal test result (suspicious for cancer) refuses diagnostic tests or treatment, the “MBCHP Acknowledgement of Refusal to Consent to Diagnostic Tests or Treatment” form must be completed by the medical service provider and signed by the client. Administrative site case managers will act as a liaison to the client and provider if necessary (see Appendix N). ♦❖

- Indicate on the MBCHP data collection forms “Refused” under “Status of Final Diagnosis” when a client refuses to obtain further diagnostic tests, or severs her relationship with the MBCHP.
- Indicate on the MBCHP data collection forms “Refused” under “Status of Treatment” when a client refuses to initiate treatment, or severs her relationship with the MBCHP.

## E. Clients Who Move

### 1. Within Montana

When a client moves within Montana, the administrative site will refer the woman to the site nearest to her new residence. It is the client’s responsibility to contact the new site for subsequent services, if needed, and to sign a copy of the “Informed Consent and Authorization to Disclose Health Care Information” form for release of medical information. ♦

The original administrative site must:

- notify the MBCHP state office that the client has moved. ♦



- either provide the client with copies of her screening results, or obtain the client's permission in writing to forward screening results as indicated by the client's request. ♦

## **2. To Another State**

When a client moves to another state, the original administrative site must:

- notify the MBCHP state office that the client has moved. ♦
- either provide the client with copies of screening results, or obtain the client's permission in writing to forward screening results as indicated by the client's request. ♦
- contact the MBCHP state office for a list of contacts in the state to which the client is moving. Provide the client with this contact information or obtain written permission to forward screening results as indicated by the client's request. ♦